(includes Reference to PCT International Applications)  Attorney's Docket RW-119PCT						
Asca below named inventor, I hereby declare that:  My residence, post office address and citizenship are as stated below next to my name,  APR 1 2002 4						
I believe I am the original, first and sole inventor (if only one name is listed below) of an original, first and joint inventor (if plural names are listed below) of an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: <b>DOSING SPOON FOR MICRO-TABLETS</b>						
the specification	n of which (check only o	one item below):	ECEIVED			
X is attached heret	æ.		APR 1 7 2002			
was filed as Unit	was filed as United States application					
Serial No on						
and was amended		(if appl	Licable).			
X was filed as PCT	international applicati	ion				
Number <u>PCT/EPC</u>						
on <u>Mary 3,</u> and was amended u	nder PCT Article 19					
	on(if applicable).					
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.						
I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).						
I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:						
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:						
COUNTRY APPLICATION NUMBER DATE OF FILING PRIORITY CLAIMED (if PCT, indicate PCT) (day, month, year) UNDER 35 USC 119						
GERMANY	299 07 996.1	6 May 1999	X YES NO			
			YES NO			

Combined Declaration For Parent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)

Docket No. RW-119PCT

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of the application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty of disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occured between the filing date of the prior application(s) and the national or PCT internation filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. APPLICATIONS				STATUS (CHECK ONE)			
U.S. APPLICATION NUMBER U		U.S	. FILING DATE	PATENTED	PENDING	ABANDONED	
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PCT APPLICATIONS DESIGNATING THE U.S.							
PCT APPLICATION NO.	PCT FILII	NG DATE	U.S. SERIAL NO.			!	
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**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

FRIEDRICH KUEFFNER, REG. NO. 29,482

Send Correspondence to:

	-	FRIEDRICH KUEFFNER 342 MADISON AVENUE, NEW YORK, N.Y. 10173			ORICH KUEFFNER 986-3114
	FULL NAME OF INVENTOR	Family Name	First Given Na	me	Second Given Name
2			Thomas		
	RESIDENCE & CITIZENSHIP	1 <del></del>	State Or Foreign Country		<u>Citizenship</u>
		Moorrege_	Germany		Germany
1	POST OFFICE ADDRESS	Post Office Address	<u>City</u>		State & Zip Code
	HILIKESS	An der Düne 9	D-25436 Moo	rrege	Germany

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Direct Telephone Calls to:

Combined Declaration For Parent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)									
2	FULL NAME OF INVENTOR			First Given Name		Second G	iven Name		
0	RESIDENCE &		.MX	State Or Fore	ign Country	<u>Citizensl</u> Germany	_		
2	POST OFFICE ADDRESS	Post Office Add		City D-25436 Ton	nesch	State & Zip Code Germany			
2	FULL NAME OF INVENIOR	Family Name		First Given Na	irst Given Name		ven Name		
O	RESIDENCE & CITIZENSHIP	OST OFFICE <u>Post Office Address</u>		State Or Foreign Country  City		<u>Citizenship</u> <u>State &amp; Zip Code</u>			
3	POST OFFICE ADDRESS								
	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
SIGNATURE OF INVENTOR 201 SIGNATURE OF INVENTOR 202 SIGNATURE OF INVENTOR 202					OF INVENT	OR 203			
DZ	ZG. 10	). 2001	DATE	87	DATE				

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